

Western MRS Meeting Notes
June 17th, 2008
Jackson County DSS

Counties Present: Ashe, Clay, Haywood, Henderson, Jackson, Macon, Yancey

Introductions

Announcements – Children's Services

Standardized Documentation Tool – overview, questions

SOC – Baby Steps: Existing Meetings, Who

Expanding MRS meetings

Announcements

- Significant lack of 215 data being keyed in the MRS database. 210 and 109 are being entered, but very little 215 information in there. Approximately 95% of 109 records do not have a corresponding 215 record. This suggests that we may not be capturing the 215 information in the database. It is critical to get this information entered in the system. We will be getting a lot of our information about CFT's from this database. This data is also used to present information to the General Assembly. If we can show that there are services that are needed but are not available either because they are not available or the wait is too long, that is powerful. Anecdotal information is not as good.
 - Counties here said that they thought that was accurate. Practice has changed dramatically.
 - One county said with the onset of meth (2 years ago) most kids come directly into care.
 - Another county said its more economic and they have been taking large sibling groups into care. More families are not local so they have no kinship resources so there is no place else to place the children.
 - Another county has a large number of older children 13-17 where the parents surrender the children (many times because of mental health issues with the children and they cannot get treatment that allows the management of the children at home).
 - Western counties have seen an increase in sexual abuse cases as well, may be somewhat linked to increased drug use.

Children's Services

- Met last week and the Division presented several policy issues, all of which were approved.
 - Confidentiality, New chapter on CFT's, New chapter on Court (that puts all court information into one place).
- Foster Home Visit Documentation Tool – this also passed. It was designed to address children in home care, and did not fit as much with children in Group Care. So the Children's Services Committee approved a very similar tool for use with children in Group Care. These have not been assigned form numbers yet, therefore are not on the website.

Standardized Documentation Tool

Patrick discussed the tool and took questions. *Note: For more in-depth explanation of this tool please see MRS notes from May, as the bulk of that meeting was devoted to discussing the tool.*

- This does not change anything about the way you do an assessment, just how you document it.
- These are to be used for all assessments; families, group homes, everything.
- DSS 5010, 5010a, and the instructions are on line at this time. Currently they are not interactive. Wanted to make the format of the forms available so that if counties had questions or wanted to incorporate them into their own data systems before July 1, they could do so.
 - Currently DSS interactive forms allow you to type in information and print it, but if they are interactive you can't save them. Patrick is told that when these become interactive on July 1, you will be able to save them so that you do not have to complete them all at once. Probably have to have the most recent version of Adobe.
 - Question was asked why it was not put out of the web interactively so that folks could tweak it? The reason was Children's Services voted to make this start July 1, but it was not possible to have this interactive before that time.
 - You will not be able to tweak the .pdf version regardless if it is the interactive version or not. If you want to tweak it, you can request the Word version of the form. Email Patrick and ask for it, and he will send it to you in Word.
- Some counties piloted this form, and if you were one of those counties, make sure that the forms you are using have "DSS 5010" at the bottom and is not a lettered version. "Version F" and other lettered version were used at various points in the development of the tool and have been tweaked somewhat. Need to ensure that you are using the final version; the official DSS 5010 with a revision date of 4/08.
- The Case Staffing Form is not attached to the end of this tool, although it would make sense and provide closure. The reason is that the Case Decision form (5228) is already a stand alone form, and you can't have a form within a form so we can't combine those. However you can get copies of them both in Word, and combine those locally.
- As mentioned last month, the plan is to let these forms stand "as is" for 6 months before making any changes.
 - We are already aware that Section 7 is confusing.

5010a

- Captures every ongoing contact you have in this case after initiation.
- Page 6 – Section 7, Initial Family Contact. Division is already aware that this section is somewhat problematic, so when changes are made in about 6 months, likely will be some changes here. Section 7 is designed to capture one thing only. CAPTA says that the person about whom the allegations are made must be informed, at least in general terms, at first contact with that person. You don't have to provide all the details, you can say "improper

supervision” instead of “There has been a report that on Dec 7th you left your 4 year old home alone for 2 hours while you went out and got drunk.”

- If you go to the school and see the child first, that contact would not go in Section 7. Could reword Section 7 as “Initial Contact with Person Against Whom Allegations are Made – or “Contact with Person responsible for Child Maltreatment” (don’t want to say “Initial Perpetrator Contact” because in Family Assessments there is not a perpetrator.)
- Initiation still refers to the first time you have face-to-face contact with the child – this is Section 8.
- In a family assessment, the times/dates for Section 7 and 8 could be the same. If Dad was the alleged maltreater, and you made the appointment to visit with Mom, when you met with Mom, Dad, and Child, that was case initiation, as well as the first time you saw Dad.
- It is ok to reference another place in the narrative if you have already recorded information that answers a particular question. However, when you reference be sure you are specific to where to find the referenced information, and be sure that it is there. Don’t just say “see narrative” say “see July 17th narrative”.
- Remember SEEMAPS - discussed this last month, and is a section in the instructions.
- There is a learning curve. When the Structured Intake form first came out Patrick and his workers thought it would never work because it took over an hour to an hour and a half, but once they got used to it, found that it was faster.

Questions/Comments

- Suggestion that there be a place to prompt for clearly documenting comments from individual children. (Possibly in the instructions could reflect that – it may not be feasible on the form itself.)
- Question regarding do you have to do a new contact page every time? You don’t have to do a new “page” (8.5 x 11 piece of paper) each time, but you need to do a new box to ensure those 6 items (dates, names, method of contact, place, interpreter needed?) are included. The reason is because as you go through the case you become more familiar with the family members and the other players in the case. However, if you leave and someone else is coming behind you they will not have that familiarity. This is true when transferring cases to other workers, other counties, reviewers, etc. You know who “Sue” is in the sentence “Sue says mom is failing rapidly and this is causing problems” but no one else knows who Sue is so you don’t know the impact of the statement.
- The State can look at adding 3 of these boxes on a page so that counties would not have to copy it themselves. If you type a lot on the first one, the second and third will automatically go to additional pages as the first box expands around the text you type.
- Suggestion that there be a place for directions to the home and phone numbers for collateral contacts.

- Diligent Efforts form – if you do this one, does it replace the other one? Yes, it can for the CPS case activities.
 - There are some situations (court, etc) where you may want to still use the other diligent efforts form.
 - The other form referred to is Attachment A in Section 1408 – it does not have a form number and therefore is not on the forms website.
- Also suggested that they have a diligent effort section (perhaps more like the other DE form) that addresses attempts to locate the absent parent (later in the documentation – separate from the diligent efforts to initiate).
 - Even possibly just a reference on the absent parent question to use the DSS Diligent Effort form (in 1408, not the DSS 5010).
- Criminal Records Checks – these are expensive, wondering what other counties are doing to conduct these.
 - Your county security officer can get access to ACIS (criminal) and VCAP (civil) and check these for free. There was a Dear County Director letter regarding this (not sure of the date).
- Clarification on #13 “the social worker will take the following action” – this is just to document that, based on information recorded earlier, what was done to follow up on that information. (Ex: indicated that mom could not remember if Johnny had his immunizations so in #13 you say ‘SW helped mom make the call to the health dept and get a copy of his records.’)
- Where do we go from here?
 - After the 6 months of all counties using it, and making suggested changes, the Division will go to Children’s Services and ask for permission to do the same thing for 215 and 109. So, about a year before those come out.

System of Care – Baby Steps: Existing Meetings, Who

Holly has been talking about System of Care at all of these meetings and we want to move this forward. Feels that counties may be confused as to what SOC means to them if they are not one of the three grant counties.

- SOC is a philosophy of how to work with families. Takes MRS philosophy outside of DSS to work with all other community partners.

Baby Steps

- Who are people we need to have at the table: MH, DJJ, Schools, Faith Based, Families, Group Homes, GAL, Community Supports (4H Clubs, Boys & Girls Clubs, Girl Scouts), Family Advocates (families that have been involved with the system before and act as peer mentors to other families), Day Care, Military, DV agency, Court, CDSA, Law Enforcement.
- There are many statutorily mandated meetings with child serving agencies within the community. Being a part of one of those is step in the right direction toward further collaboration.
 - Mental Health Community Collaborative – (comes out of the mental health system) most counties have one of their own, but some may have one that crosses several counties because LME’s may serve

multiple counties. This collaborative has money attached to it. All LME's have a System of Care coordinator.

- JCPC – Juvenile Crime Prevention Council.
- CAC – Child Advocacy Centers
- Partnership for Children – Smart Start
- CCPT – Community Child Protection Team
- CFST – schools in the Governor's Program (School Based Child and Family Initiative – in 100 schools in 23 counties).
- There are other meetings in different counties (that may not be statutorily mandated) such a Law Enforcement meeting, etc.
- If you can possibly combine some of these meetings (because it is mostly the same people) that is a buy-in because the idea of knocking out several meetings at once is appealing.
 - One county condensed the meetings somewhat, and those that they could not combine, they at least scheduled them all on Wednesdays, right after the other, so that participants only had to come one place on one day.
- Training is key, not DSS training, but Cross Systems Training (developed by the NC Collaborative for Children). It's a community partner training. This training talks about CFTs from the family's perspective. There is no cost for this training and anyone can go.
 - Having everyone trained around the same table makes a world of difference. They all hear the same thing, learn a lot, and build relationships with other participants in the training.
 - Each partner then understands the rules and regulations that other agencies are up against.
 - You can access this training by calling your SOC coordinator at your LME.
- Possible Topics:
 - Gaps in services
 - Protocols
 - How we can work together – who is the lead agency, how are cases handed off between agencies (MOA/MOU)
 - How do we leverage funding in the community – want to maximize the amount of money coming into the county, and not duplicate services.
 - Its like a big CFT to determine how we are going to get services in place for the community.

What are you currently doing?

- Counties here are having good collaboration and partnership in CFTs. They were collaborating pretty well even before this.
- One issue is that MH can't bill for a CFT but sometimes you can have them at the MH office as a part of a therapy session so that they can bill for it.
- Initially you may talk about specific cases, but ideally then you can move to a more broad level where they talk about the more global issues listed above.

- Getting the buy-in from the heads of these agencies makes it much easier. Having heads of agencies attend helps, even if they can only attend quarterly but have a truly invested designee.
- Agency reviews provide an opportunity to get the folks from the different agencies around the same table to build the relationships.
- Have lunches to introduce new workers (staff turnover) to Directors, etc. at partner agencies.

Other Items of discussion.

- How do you screen in Munchausen?
 - Depends on who calls it in and what they are reporting.
 - When Doctors diagnose it and call it in, that is abuse, but sometimes they have laypersons calls and they think it is Munchausen – how do they know?
 - Recommendation that they ask for descriptors, what have you seen that leads you to believe this is Munchausen? Then you may take the report on the actions that the reporter saw.
 - Ashe had one of these cases and they were able to successfully place the child back in the home and the family is now doing well

Things to think about for next time

- Writing a chapter of policy on Shared Parenting – start thinking about what you think should be included in there. Will talk more about this in July.

July Meetings:

Central: Moore County – July 24th

Western: Asheville – Church - July 23rd

Eastern: Johnston County – July 30th